PTQ/\$B/21 (08-03)

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			Application Number	I MECENTER I				
TRANSMITTAL FORM (to be used for ell correspondence after initial filing). Total Number of Pages in This Submission			Filing Date	09/902,809 CENTRAL FAX CEN				
			First Named Inventor	Adam W. Smith NOV 0 7 2005				
			Group Art Unit					
			Examiner Name	HARESH N. PATEL				
			Attorney Docket Number	MS1-863US				
		ENCLOSUR	ES (check all that apply					
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/		Petitio Petitio Provis Power Chang Addre Termin	sing-related Papers on on to Convert to a clional Application of Attorney, Revocation ge of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):				
	oplication se to Missing Parts 7 CFR 1.52 or 1.53	Remarks .		RECEIVED OIPE/IAP NOV 0 8 2005				
	SIGNA	TURE OF APPI	LICANT, ATTORNEY, O	R AGENT				
Firm or Individual Name	Steven R. Sponseller/Reg. No. 39384							
Signature	gnature Ste esgousell-							
Date	November 7, 2005							
	C	ERTIFICATE O	F TRANSMISSION/MAIL	LING				
hereby certify that this with sufficient postage 1450 on the date show	correspondence is be as first class mail in ar	ing facsimile trans	smitted to the USPTO or de	eposited with the United States Postal Service atents, P.O. Box 1450, Alexandria, VA 22313-				
Typed or printed name	Cheryl Boles	0						
		2 Box		Date 11-7-05				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

Effective on 12/08/2004.

FEE TRANSMITTAI

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120.00

Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/902,809 **Application Number** RECEIV 7/10/2001 Filing Date **CENTRAL FAX** CENTER Adam W. Smith First Named Inventor NOV 0 7 2005 HARESH N. PATEL **Examiner Name** Art Unit 2154 Attorney Docket No. MS1 -863US

METHOD OF PAYMEN	IT (check all	that apply)						
Check Credit Card Money Order None Other (please identify): Company Com								
Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)								
For the above-iden	tified deposit a	ccount, the Direc	ctor is nered					
✓ Charge fee(s) Indicated be	aw		Chan	ge fee(s) indica	ated below, except	for the filing	g fee
V Jundar 27 CS	D 1 16 and 1	s) or underpaym 17			t any overpay			
WARNING: Information on the Information and authorization	iis form may be n on PTO-2038.	come public. Grec	dit card inform	nation should r	iot be included	on this form. Provide	e cledit care	
FEE CALCULATION								
1. BASIC FILING, SEA	RCH, AND E	XAMINATION	FEES					
	FILING F	EES	SEARC!		EXAMINA.	TION FEES		
Application Type	Fee (\$)	mali Entity Fee (\$)	Fee (\$)	Small Entity Eqs (\$)	Fee_(\$)	mall Entity Fee (\$)	Fees Pald	(\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65 -		
Plant	200	100	300	150	160	80 -		
Reissue	300	150	500	250	600	300 -		
	•							_
Provisional	200	100	0	0	0	0 -		all Entity
2. EXCESS CLAIM FEES Fee Description								ee (\$)
Each claim over 20 or.	for Reissues,	each claim ove	er 20 and n	nore than in t	the original p	atent	50	25
Each independent claim		r Reissues, eac	ch indepen	dent claim m	ore than in t	he original patent	200	100
Multiple dependent clai							360	180
Total Claims	Extra Claims		Feo Pa	<u>id (5)</u>	Multiple De	pendent Claims Fee Paid	re\	
- 20 or HP = HP = highest number of total	I daims paid for.				<u> </u>	FOO FAM	<u> </u>	
indep. Claims	Extra Claims	Fee (\$)	Fee Pal	ld (\$)				
-3 or HP =		_ x <u>200</u>	_=					
HP - highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other: One month	extension fee	<u> </u>					\$120.00	2
SUBMITTED BY								
Signature Le		~/	Re	gistration No.	20294	Telephone //	500\ 224 O	756

BUBMITTED BY				
Signature	to houself	Registration No. (Attorney/Agent)	39384	Telephone (509) 324-9256
Name (Print/Type)				Date //- 7-05

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